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PATENT APPLICATION FEE DETERMINATION RECORD		Application or Docket Number
		514162000120

CLAIMS AS FILED - PART I
CONTINUATION-IN-PART APPLICATION
of Serial No. 09/961,563 F: 9/21/2001

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	OR	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$370.00	OR		\$710.00
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 =	-0-	x\$9.00	\$-0-	OR	\$18.00	\$*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	-0-	x\$42.00	\$ -0-	OR	\$84.00	\$*
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))		+\$140.00	\$ -0-	OR	\$280.00	\$*
				TOTAL \$370.00	OR	TOTAL	\$*

*If the different in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II
(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))	Minus			=*	x\$40.00	\$*	OR	\$80.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		+\$135.00	\$*	+\$135.00	\$*	OR	+\$270.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))	Minus			=*	x\$40.00	\$*	OR	\$80.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		+\$135.00	\$*	+\$135.00	\$*	OR	+\$270.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))	Minus			=*	x\$40.00	\$*	OR	\$80.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		+\$135.00	\$*	+\$135.00	\$*	OR	+\$270.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount